2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N36791

1. Entity Name
LEMON BAY WOMAN'S CLUB, INC.

FILED
Dec 06, 2005 8:00 A.M.
Secretary of State

10282005 REIN-NP CR2E099 (6/04)

Principal Place of Business	Mailing Address
CORNER COCONUT & MAPLE ST ENGLEWOOD, FL 34295 US	PO BOX 512 ENGLEWOOD, FL 34224 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6154011 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DICKERSON, ROBERT A. 460 S INDIANA AVE ENGLEWOOD, FL 34223	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

REINSTATEMENT 05

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 12/05/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $236.25
After January 1, 2006, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	2TVP ☐ Delete	TITLE	TREASURER ☑ Change ☐ Addition
NAME	PFEIFFER, DORIS	NAME	DORIS PFEIFFER
STREET ADDRESS	7281 BARGELLO ST	STREET ADDRESS	7281 BARGELLO ST
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	CROCKER, MARY	NAME	900061732819
STREET ADDRESS	13 JAMESTOWN AVE	STREET ADDRESS	11/28/05--01061--024 **245.00
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	
TITLE	RSD ☐ Delete	TITLE	2ND VICE PRESIDENT ☑ Change ☐ Addition
NAME	DINATALE, MERIDITH	NAME	DINATALE, MERIDITH
STREET ADDRESS	237 PARK FOREST BLVD	STREET ADDRESS	237 PARK FOREST BLVD.
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	DT ☒ Delete	TITLE	1ST VICE PRESIDENT ☑ Change ☐ Addition
NAME	FENOLIO, GLORIA	NAME	SUSAN BURGESS
STREET ADDRESS	413 PINE HOLLOW CIR	STREET ADDRESS	1305 BLUE HERON
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	1VPD ☑ Delete	TITLE	RECORDING SECT ☑ Change ☐ Addition
NAME	FOECKING, LYNN	NAME	MARGARET FOREMAN
STREET ADDRESS	228 MARINER LANE	STREET ADDRESS	272 ROTONDA BLVD., N
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	ROTONDA W. FL 33947
TITLE	TFS ☐ Delete	TITLE	FINANCIAL SECT. ☑ Change ☐ Addition
NAME	MCLEOD, MARY ELLEN	NAME	MARY ELLEN McLEOD
STREET ADDRESS	6746 GASPARILLA PINES #80	STREET ADDRESS	8746 GASPRILLA PINES #80
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	ENGLEWOOD, FL 34224

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Doris J. Pfeiffer DORIS J. PFEIFFER 11/19/05 941-475-1844
TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Williams DEC - 7 2005